



**STATE OF GEORGIA  
DEPARTMENT OF MOTOR VEHICLE SAFETY  
P.O. BOX 80447  
CONYERS, GEORGIA 30013-8047  
404-657-9300**

**CERTIFICATE OF ATTENDANCE**

Student's Full Name: \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_  
(Last) (First) (Middle)

Student's Address: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

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This record is to certify that above named student is either:

- ☐ Enrolled in and not under suspension from a public or private school and does not have more than ten school days of unexcused absences in any semester or combination of two consecutive quarters for a period of one academic year prior to the date of this application or since May 5, 2004, whichever is later. This record also certifies that, for a period of one academic year prior to the date of this application or since May 5, 2004, whichever is later, the above named student has not dropped out of school or remained out of school for more than ten school days or been suspended from school for threatening, striking, or causing bodily harm to a teacher or other school personnel; possession or sale of drugs or alcohol on school property; possession or use of a weapon on school property; any sexual offense prohibited by law; or causing substantial physical or visible bodily harm to or seriously disfiguring another person, including another student.

**OR**

- ☐ Enrolled in a home education program that satisfies the requirements of all state laws governing such courses. If this box is checked, the form must be completed by the local school superintendent's office.

Certifying Official (PRINT NAME) \_\_\_\_\_

Official's Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Seal

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SUBMIT THIS ORIGINAL FORM TO A DEPARTMENT OF MOTOR VEHICLE SAFETY  
CUSTOMER SERVICE CENTER WITHIN THIRTY (30) DAYS.